CERVICAL HEALTH:

A Guide for Screening Programs

Texas Department of Health
Bureau of Women's Health
Breast and Cervical Cancer Control Program

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A Guide for Screening Programs of the Texas Department of Health
Breast and Cervical Cancer Control Program
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I. Statement of Need

Approximately 1,100 women in Texas are diagnosed with cervical cancer each year. Another 300 die from the disease each year. Of all cancers, cervical cancer is among the most amenable to prevention and early detection through screening. Most cervical cancers can be prevented in two ways. The first way is to prevent pre-cancers. The second way to prevent cervical cancer is to have regular Pap tests, which can detect pre-cancers and human papilloma virus (HPV) infection. Treating these problems can stop cervical cancer before it fully develops.

II. Goals of Cervical Cancer Screening

The goal of cervical cancer screening for the BCCCP is to reduce premature mortality from cervical cancer and to improve survival of cervical cancer by ensuring quality cervical cancer screening and diagnostic services for women in Texas.

III. Definition of Screening

Screening is a process to detect unsuspected disease in asymptomatic women. The methods used for early detection and screening of cervical cancer are pelvic exam and Pap test.

IV. Components of Cervical Cancer Screening

A. Client Education

The contractor must provide and document cervical cancer information to every woman who receives program services. The following information must be explained verbally to each woman in her primary language and may be supplemented with printed or audio-visual materials in the woman's primary language:

- description of cervical cancer;
- risk factors for cervical cancer;
- signs and symptoms of cervical cancer;
- information on HPV and safer sex practices;
- clinical procedures (pelvic exam and Pap test);
- importance of screening at regular intervals;
- steps a woman must take to complete her current check-up;

- description of possible results of the medical procedures;
- date of next appointment and a telephone number to call with questions and/or to make her next appointments; and
- eligibility to receive program services can change from year to year;

B. Clinical Examination

A comprehensive assessment should include Clinical Breast Examination (CBE), pelvic examination and a Pap test.

- CBE (Refer to the "Breast Health: A Guide for Screening Programs" for performing the CBE and for follow-up recommendations if an abnormality is detected.);

- assessment of the abdomen;

- assessment of the external genitalia;

- visual assessment of the cervix and collection of cervical cells for cytological analysis (Pap test);

- visual inspection of the vaginal vault during withdrawal of the speculum and the bimanual examination; and

- recto/vaginal examination.

A complete cervical health history must be included as part of the examination. The health history includes:

- date and results of the last pelvic examination and Pap test;

- date and results of any previous pelvic surgery, chemotherapy, and/or radiation therapy;

- date of last menstrual period and history of pregnancies;

- history of medications including oral contraceptives and hormonal replacement therapy;

- risk factors for cervical cancer; and description of present pelvic symptoms.

V. Follow-up of Screening Results

Abnormal pelvic exams and abnormal Pap tests require further diagnostic evaluations. **A normal Pap test does not rule out cancer if a woman has a cervical lesion on pelvic examination.**

A. Normal screening examination (pelvic and Pap test)

A negative Pap test needs no further diagnostic workup. The clinician must notify a woman of findings, including the need for continued screening examinations. After a woman has had three or more consecutive satisfactory normal annual examinations, the Pap test may be performed less frequently at the discretion of her physician.

B. Management of Abnormal Findings

- **Atypical Squamous Cells of Undetermined Significance (ASCUS)**

  ASCUS is interpreted as cellular changes that have an atypical appearance. These changes may be due to an inflammatory process, estrogen deficiency (as in a post-menopausal woman), or dysplastic changes. The cytology report should contain an opinion from the cytopathologist as to which of the above reasons are responsible for the atypical cellular changes (if possible). The underlying cause (if it can be determined) may be treated, and the Pap test repeated. If the repeat Pap test returns with ASCUS, the woman must be referred for colposcopy.

- **Low grade SIL (CIN I and HPV changes)**

  The woman must be referred for colposcopy if the repeat Pap test is abnormal. This is mild dysplasia (CIN I) or cellular changes due to the HPV. Mild dysplasia is characterized by definite abnormalities in nuclear development, with retention of an essentially normal cytoplasm. The clinician must repeat the Pap test in three to six months for clients with CIN I or HPV changes before referring for colposcopy, as many of these (approximately 60-85%) will resolve spontaneously without treatment.

- **High grade SIL (CIN II, CIN III and Carcinoma in situ)**

  The woman must be referred for colposcopy. With moderate dysplasia, the cell nucleus shows further signs of abnormal development and some

abnormalities in the cytoplasm. Severe dysplasia is characterized by severe changes in development of the cell as well as loss of normal structure of the cells' arrangement into tissue. Invasion of the basement membrane can occur at any phase of CIN, but it is more likely to occur at CIN III. A biopsy must be performed to determine if invasion has occurred.

- **Squamous cell cancer**

  Cancerous cells have probably invaded through the basement membrane and into the cervical stroma, where the cells have access to blood and lymph vessels, enabling them to metastasize throughout the body. The woman should be referred for further evaluation to determine the extent of the invasion.

- **AGUS** (Atypical glandular cells of undetermined significance)

  The cytological report should include the probable site of origin (endometrial or endocervical). The woman must be referred for further evaluation, which must include one or more of the following:

  - colposcopy;
  - endometrial biopsy;
  - Loop Electrosurgical Excision Procedure (LEEP).

VI. Other Findings

Adenocarcinoma

Adenocarcinoma of the uterine cervix is a malignant neoplasm of epithelial cells in a glandular or glandlike pattern. The cytology report should include the probable site of origin (endometrial, extrauterine, or endocervical). Most adenocarcinoma occurs within the endocervical canal and carries a poorer prognosis than squamous carcinoma especially if lymph nodes are involved. The woman should be referred immediately.